

for medical expenses. But one of the best parts about having an HSA is that all deposits stay the property of the policyholder. They don't go to the insurance company. They don't go to the government. They stay under the control and ownership of the person who has put those funds, regardless of the source of the deposit. So even if an employer makes a contribution to that, the funds belong to the person who owns the insurance policy. Additionally, any funds deposited that are not used that year will stay in the fund and grow year over year, different from the old use-it-or-lose-it programs that were so prevalent and popular during the 1990s.

The popularity of health savings accounts has grown considerably since its inception. The latest numbers I have are, unfortunately, a couple of years old. They are from 2005. But by December of that year, 3.5 million people had insurance coverage through an HSA. Of that number, 42 percent of the individuals are families who had income levels below \$50,000 a year and were purchasing an HSA type of insurance. Additionally, about another 40 percent were individuals who previously had not been insured. So this allowed a way for people who were previously uninsured to access insurance. A good number of those folks were between the ages of 50 and 60, taking away some credence to the myth that HSAs are only for the healthy and wealthy.

These programs have been well-subscribed. Again, the numbers that I have are from 2005. I suspect they are much more robust at this point.

Well, when you consider a young person just getting out of college, roundabout age 25, if they don't want to go to work for a major corporation and therefore have employer-derived insurance, what are their options? I will tell you, 10 years ago, you didn't have many options. In fact, I tried to purchase a health insurance policy for an adult child just in that situation. You almost couldn't get an insurance policy for a single individual, regardless of the price you were willing to pay.

Fast forward to 2005 or 2007. You can go on the Internet, type "health savings account" into the search engine of your choice, and very quickly you will be given a plethora of choices from a variety of different health plans. In my home State of Texas, a male age 25 looking for health insurance can find a high-deductible PPO plan from a reputable insurance provider for between \$60 and \$70 a month. So that is eminently affordable.

Sure, there is a high deductible involved with that. That means every fall, if you go get a flu shot, you are probably going to pay for that flu shot out-of-pocket, or if you have money in your health savings account, you can make a draw on that.

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So that type of expense is not going to be covered, but if that individual is

in an accident and ends up spending 3 or 4 hours in the emergency room and a day in the intensive care unit, they will be covered because those expenses will rapidly exceed their deductible. That individual will be covered with health insurance. That is a concept that we need to make people aware of, that there are options. Even though you may work for a company that doesn't provide insurance or you are self-employed and are a small group and otherwise would not have access to employer-derived health insurance, the concept of a health savings account is available and marketed over the Internet, and there is a lot of competition for those products. As a consequence of that competition, the price on those has come down in the years since they were introduced.

Mr. Speaker, another concept that we have debated in this House at least every year I have been here is the concept of association health plans. Association health plans allow small employers to band together to get the purchasing power of a larger corporation when they go out and price insurance on the open market.

To date, we have passed that legislation four times that I can recall in the House of Representatives. It never passed in the Senate. I would like to see us take up and at least discuss that as a possibility this year. I don't know in fact if that will happen. But association health plans may not bring down the number of uninsured directly, but it certainly would help bend the growth curve that is going upward of the number of people not covered by insurance because it allows for small employers to get access to much more economic leverage in the market for buying insurance policies and allows them to be able to offer that insurance policy to their employees in the small group market.

It means that a group of perhaps Chambers of Commerce or a group of realtors could band together and offer health insurance to their employees where otherwise it might not have been available. All of these things are important.

Another factor to consider, and we have to be careful here, about a year and a half ago, Alan Greenspan was talking to us just before he left his position at the Federal Reserve. Someone brought up the topic of Medicare, and where is the funding going to come from? Mr. Greenspan said he was confident at some point in the future Congress will come to grips with this problem and will solve this problem.

But he went on to say what concerns me more is, will there be anyone there to provide the service when you require it? Those words really struck me. What he is talking about, are there going to be doctors there in the future? Are there going to be nurses in the future to provide for us when we are the ones who are relying on Medicare for our health services?

Back in my home State of Texas, the Texas Medical Association puts out a

journal called Texas Medicine, and last March they had a special issue called, "Running Out of Doctors."

Our country faces a potential crisis with a health care provider shortage or a physician shortage in the future. So when we work on health care issues in this body and on both sides of the aisle, this is going to be important; when we work on health care issues in Congress, we have to be certain that we retain the doctors of today, that we encourage the doctors who are in training today, and that we encourage those young people who might consider a career in health care, that we encourage them to pursue that dream and realize that dream.

Certainly the doctors of today, those at the peak of their clinical abilities, it is incumbent upon us to make certain that they remain in practice and they continue to provide services, services to our Medicare patients and services to patients who typically have one, two, three or more medical problems. Some of the most complex medical issues that can face a practitioner today will occur in the Medicare population.

Well, what steps do we need to take to make certain that we have doctors in practice, that we have people there able to deliver those services that Alan Greenspan was talking about a year and a half ago? Well, Mr. Speaker, you almost can't have this discussion without talking a little bit about medical liability. Now, in the 4 years prior to this Congress, every year, again, we passed some type of medical liability reform bill in the House of Representatives. It never got enough votes in the Senate to cut off debate and come to a vote. I feel certain it would have passed had it come to an up-or-down vote, but they were never to muster the 60 votes.

We need commonsense medical liability reform to protect patients, to protect patients' access to physicians, to stop the continuous escalation of costs associated with medical liability in this country. And in turn, this makes health care more affordable and more accessible for more Americans because we keep the services available in the communities as they are needed, when they are needed.

Mr. Speaker, I believe we need a national solution. Our State-to-State responses to this problem, some areas, like my State of Texas, have gone a long ways towards solving the problem, but there are many areas in the country where the problem persists, and it does remain a national problem.

We have an example, I think a good example, in my home State of Texas of exactly the type of legislation that we should be considering in the House of Representatives. Texas, in 2003, brought together the major stakeholders in the discussion, included the doctors, patients, hospitals, nursing homes, and crafted legislation that was modeled after the Medical Injury Compensation Reform Act of 1975 that was passed in California in 1975. There were